

**Vermont State Hospital Futures Project
Comparison of Options
January 2009**

Overview

In 2004, the Legislature and the administration set in motion a strategic planning process to create a comprehensive plan for the delivery of services currently provided by Vermont State Hospital within the context of long-range planning for a comprehensive continuum of mental health care. This plan was titled the “Futures Plan”.

VSH serves multiple functions: acute inpatient care, long term rehabilitation services, secure forensic evaluation, and secure treatment. Replacing the Vermont State Hospital requires creating a range of successor programs to provide these functions.

The core of the plan is proposed new investments in the essential community capacities, and reconfiguring the existing 54-bed inpatient capacity at the Vermont State Hospital into a new system of inpatient, rehabilitation, and residential services for adults. This plan is consistent with Vermont’s long history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support recovery for Vermonters with mental illnesses in the least restrictive and most integrated settings that promote recovery.

Option Analysis

During the spring and summer of 2007, the Department of Mental Health (DMH) and the Department of Buildings and General Services (BGS) evaluated the feasibility of several different configurations for successor facilities for Vermont State Hospital. The goal was to identify the most promising configurations for more detailed planning. In consultation with the Senate Institutions Committee, and based on the planning conditions of the Conceptual Certificate of Need five different Models were identified.

- Model 1 – one 50-bed free-standing state psychiatric hospital
- Model 2 – three 16-bed hospitals distributed around the state
- Model 3 – primary program with two smaller capacities: one 32-bed, one 12-bed and one 6-bed unit
- Model 4 – primary program with two smaller capacities: one 40-bed, one 6-bed and one 4-bed unit
- Model 5 –one 15 bed secure residential facility and two psychiatric hospital facilities: one 32- bed, and one 6-bed unit

The architectural viability, policy and program advantages, development and operating costs for twenty one (21) different site options were studied in the general framework of the five models. The five year aggregate cost to the state of operating costs and development costs were estimated net of expected federal and first and third party revenues. Model 1 - building a new fifty-bed hospital on the Waterbury State Office -

complex was the most expensive option with an estimated five year aggregate cost to the State of \$158,663,000.

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| Total Model Year 5 Cost to State | \$158.7M | \$97.6M | \$110.1M | \$95.4M | \$93.6M |
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